



Semper Paratus Fitness Center Application Form



I am interested in using the USCG Semper Paratus Employee Health and Fitness Center Facilities.

Name _____ Date _____

Agency _____

Office Telephone Number _____

Complete this application and return to the Semper Paratus Employee Fitness Center, Coast Guard Headquarters Building, ground floor.

Health History Questionnaire

Fill out the questions below to the best of your knowledge.

Civilian ☐ Military Active ☐ Retired Military ☐

SEX- Male ☐ Female ☐

AGE- Below 30 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60 or more ☐

WEIGHT- Not Overweight ☐ 10% Overweight ☐ 20% + Overweight ☐

BLOOD PRESSURE-

Is your blood pressure currently high? Yes ☐ No ☐

Were you ever told your blood pressure was high? Yes ☐ No ☐

Blood pressure not known.

Are you on medication for high blood pressure? Yes ☐ No ☐

What type of medication? _____

Has a physician ever advised against exercise? Yes ☐ No ☐

When? _____

What type of exercise were you advised against? _____

SMOKING-

Never smoked ☐

Former smoker; ☐ Quit (give date) _____

Current smoker; ☐ Less than one pack per day

☐ One pack per day

☐ More than one pack per day

Cigars Yes ☐ No ☐

How many weekly? _____

Pipe Yes ☐ No ☐

How many weekly? _____

CHOLESTEROL-

Were you ever told your cholesterol was high? Yes ☐ No ☐

Current cholesterol level: ☐ Less than 220 MG%
☐ 220-300 MG%
☐ More than 300 MG%

Does anyone in your family have high cholesterol? Yes ☐ No ☐

Who? _____

Would you like to have your cholesterol checked? Yes ☐ No ☐

DIABETES-

Do you have Diabetes Mellitus? Yes ☐ No ☐

What type of medication: Diet ☐ Pills ☐ Insulin ☐

CORONARY PROBLEMS-

a. Heart Attacks Yes ☐ No ☐

b. Heart Surgery Yes ☐ No ☐

If YES, give date(s): _____

Present condition: _____

Medication: _____

c. Angina Yes ☐ No ☐

If YES, Medication: _____

FAMILY HISTORY OF HEART ATTACK-

Have any close relatives had a heart attack
(parents, sister, brother, or grandparents)? Yes ☐ No ☐

At what age? _____

EXERCISE-

Work ☐ Sedentary: Desk bound; little walking
☐ Active: Walking, Stairs, 1 mile/day
☐ Vigorous: Causes perspiration
Leisure ☐ Sedentary: Little physical activity
☐ Active: Golf, tennis, walking 1 mile/day
☐ Vigorous: Running etc., causing perspiration

OTHER HEALTH OR PHYSICAL PROBLEMS/LIMITATIONS-

Past: _____

Present: _____

Treatment: _____

APPLICANT SIGNATURE: _____

Date: _____



**U.S. COAST GUARD
EMPLOYEE HEALTH AND FITNESS PROGRAM**

Exercise Consent and Release Form

I certify that I am physically able to participate in any type of regular fitness activities. Activities available at the USCG Fitness Center include: supervised exercise classes (aerobic, strength and flexibility training), non- structured cycling, rowing; universal gym and free weight training, walking and/or jogging. I have a reasonable basis for this opinion due to examination and/or consultation with my physician.

I also certify that I will use good judgment while exercising and will not over exert. If I have any questions regarding my workout, I will consult the Fitness Center staff; if I have any questions regarding my health, I will consult my physician. I recognize that I am responsible for knowledge of my own state of health, and I will advise the Fitness Center staff of any health problems related to exercising.

RELEASE

In consideration of my usage of the U.S. Coast Guard Employee Fitness Center, I, intending to be legally bound for myself, my heirs, executors, and administrators, do hereby release and discharge the U.S. Coast Guard and the United States Government, any and all sponsors, jointly and severally, from any and all liability for illness, injuries and damages I may incur and/or suffer arising out of or resulting from my participation in exercise classes and/or usage. I hereby represent and certify that I am over eighteen years of age and that I have carefully read the forgoing Release and know and understand the contents thereof, and that I sign it of my own free will.

This is a RELEASE - - - READ BEFORE SIGNING

Print Name

Signature of Employee

Date

Agency / USCG Administration

Telephone Number